


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	METHOD AND CIRCUIT FOR READING AND WRITING AN INSTRUCTION BUFFER		
Application Type : regular, utility			
Correspondence address:			
Customer Number:		30449	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Taqi		
<b>Middle Name:</b>	N.		
<b>Family Name:</b>	Buti		
<b>Residence:</b>			
<b>City of Residence:</b>	Millbrook		
<b>State of Residence:</b>	NY		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	109 Killearn Road		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Millbrook		
<b>State of Mailing Address:</b>	NY		
<b>Postal Code of Mailing Address:</b>	12545		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Brian		
<b>Middle Name:</b>	W.		
<b>Family Name:</b>	Curran		

**Residence:**

**City of Residence:** Saugerties  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 27 Saxton Flats Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Saugerties  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12477  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Maureen  
**Middle Name:** A.  
**Family Name:** Delaney  
**Residence:**  
**City of Residence:** Richmond  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 361 Westall Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Richmond  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05477  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Saiful  
**Family Name:** Islam  
**Residence:**  
**City of Residence:** Austin  
**State of Residence:** TX

**Country of Residence:** US  
**Address-1 of Mailing Address:** 14705 Banbridge Tr.  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Austin  
**State of Mailing Address:** TX  
**Postal Code of Mailing Address:** 78717  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 5:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Zakaria  
**Middle Name:** M.  
**Family Name:** Khwaja  
**Residence:**  
**City of Residence:** Austin  
**State of Residence:** TX  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 2600 Gracy Farms Lane  
**Address-2 of Mailing Address:** Apt #328  
**City of Mailing Address:** Austin  
**State of Mailing Address:** TX  
**Postal Code of Mailing Address:** 78758  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Jafar  
**Family Name:** Nahidi  
**Residence:**  
**City of Residence:** Austin  
**State of Residence:** TX  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 9413 Mountain Quail Road  
**Address-2 of Mailing Address:**

**City of Mailing Address:** Austin  
**State of Mailing Address:** TX  
**Postal Code of Mailing Address:** 78758  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 7:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Dung  
**Middle Name:** Q.  
**Family Name:** Nguyen  
**Residence:**  
**City of Residence:** Austin  
**State of Residence:** TX  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 10200 Skyflower Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Austin  
**State of Mailing Address:** TX  
**Postal Code of Mailing Address:** 78759  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

30499



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

**Organization Name:** International Business Machines Corporation  
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**State of Mailing Address:** NY  
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**Country of Mailing Address:**

US

**Phone:**

**Fax:**

**E-mail:**